

POSITION	ID NO.	DATE
CLASSIFIER		11/19/91
EXAMINER	401	10/19/91
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	11/19/91
1 1	
2 2	
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25 25	
26 26	
27 27	
28 28	
29 29	✓
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SYMBOLS

✓	Rejected
=	Allowed
-	(Through number) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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